PTO/SB/17 (02-97)
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Under the Pa	sperwork Reduct	199 ACI 07 199	ാ, നാ ഉണ്ടാവ മുട്ട 1	BOUVED to	respond to a collection of information unless it displays a valid OMB control number				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007					Complete If Known Application Number 10/532,424-Conf. #3734				
					[earling the contract of the 		April 22, 2005		
							ensaku FUJII	***************************************	
							S. D. Maki		
Applicant claims small entity status See 37 CFR 1.27							733		
TOTAL AMOUNT OF PAYMENT (\$) 180,00					Afterney Oocket No. 0080-0234				······································
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, ELP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU	LATION								
1. Basic Filing, Search, and Examination Fees									
	FILING FEES SEARCH FEES EXAMINATION FE						}		
Application T	'y <u>pe</u>	Fee (\$)	Small Entity Fee (\$)	Fes (\$	Small Entity Fee (5)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility		300	150	500	250	200	100		
Design		200	100	100	50	130	65		
Plani		200	100	300	150	160	80		
Reissue		300	150	500	250	600	300		
Provisional		200	100	0	0.	()	Ö		
2. EXCESS CLAIM FEES Smell Entit									
Fee Description								Fee (\$)	Fee (\$)
Each claim over 26 (including Reissues)								50	25
Each independent claim over 3 (including Reissues)								200	100
									180
Total Claims		Fee (5)	?aid (\$)		hiple Depende				
13 · 26 = x = Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.									
					*aid (\$)				****
2	-3≎	×							
HP = nighest num	nber of independ	ent claims pai	d for, if greater the	art.\$.					
3. APPLICATION SIZE FEE									
listings und	ler 37 CFR-1.	.52(e)), the	application si	ze fee du	(excluding electr e is \$250 (\$125 f 27 CVP 1 1600)	onically file for small en	ed sequence or tity) for each as	computer Iditional 5	0
					37 CFR 1.16(s).	tion though	Fee (\$)	Pas	Paid (\$)
- 100 = /50 (round up to a whole number) x = // 4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surpherge): 1806 Submission of an Information Disclosure Statement 180.00									
SUBMITTED BY			y	200000000000000000000000000000000000000					
Signature			<u> </u>		Registration No.	32,868	Telephone	(703) 20	5-8000
Name (Print/Type) Andrew D. Meikle					(Adomey/Agent)	Date April 10, 2007			
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